Early Detection of Infection in Nursing Homes

PARTICIPANT QUESTIONNAIRE

Version 3 22/01/19

Instructions: this questionnaire is designed to provide information on the way care is provided when a resident is suspected of developing an infection. The questionnaire will take 10-15 minutes to complete. Please answer every question.

Participant Questionnaire Version 3.0 20190122

Participating Unit No_____

Section 1: Welcome

This questionnaire is for staff who are working in nursing homes. It should take about 15 minutes to complete. Most questions require you to tick a box to indicate your answer. If you make a mistake, just cross out the answer. Once you get to the end, please use the stamp addressed envelope to return your completed survey.

If you have any queries about the research please contact me.
Kind regards

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I confirm that I have received and read the participant information sheet, and had any questions answered to my satisfaction.

☐ I agree to take part in this study

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Section 2: Working in a nursing home

The purpose of this section to consider the type of infections residents in your nursing home may experience and how they are managed.

1. Which, if any, of the following symptoms could indicate a resident in your nursing home has a suspected infection? (Please indicate all that apply)

- ☐ General condition (fever, shivering, hot or cold)
- ☐ Respiratory (wheezing, cough, shortness of breath)
- ☐ Urinary (often goes to toilet, smell, thick urine)
- ☐ Wound/skin (swelling, local redness, pus/oozing)
- ☐ Pain (tenderness, moaning, tense)
- ☐ Other (please specify in the space below)

_____

2. What, if any, of the following changes in behaviour could indicate a resident in your nursing home has a suspected infection? (Please indicate all that apply)

- ☐ Overall condition (agitation, confusion, sleepiness, needs more help)
- ☐ Communication (rambling, inappropriate language, quiet or withdrawn)
- ☐ Restlessness (excitable, does not sleep, anxious)
- ☐ Mobility (less mobile, unsteady, poor balance)
- ☐ Eating habits (loss of appetite, does not want to eat or drink)
- ☐ Other (please specify in the space below)

_____

3. How often do residents in your nursing home experience the following types of infection? (Tick all that apply and indicate their frequency).

	Frequently (daily)	Regularly (weekly)	Often (monthly)	Less often (2-3 monthly)	Occasionally (4 -5 monthly	Infrequently (6 monthly or less)	Never
a. Wound/ skin							
b. Cold/ flu							
c. Urine							
d. Chest/ pneumonia							
e. Non-specific							
f. Other (please specify below)							

4. Do you record any physical measurements when you suspect a resident in your nursing home may have an infection?

☐ Yes (If **YES** please go to **Question 5**)
☐ No (If **NO** please go to **Question 6**)

5. If YES, please indicate which physical measurements you would record. (Please indicate all that apply)

☐ Pulse
☐ Urinalysis
☐ Blood pressure
☐ Blood Glucose
☐ Temperature
☐ Respiratory rate
☐ Oxygen level
☐ Other (please specify in the space below)

_____

6. Please indicate what actions you would take when a resident in your nursing home has a suspected infection. (Please indicate all that apply)

☐ Talk to resident
☐ Report to a senior colleague/registered nurse/manager
☐ Discuss with a General Practitioner
☐ Discuss with a Paramedic
☐ Discuss with a relative/next of kin
☐ Record in resident record
☐ Review later in shift
☐ Wait and see (review in 1-2 days)
☐ Other (please specify in the space below)

_____

7. How confident are you in your own ability to take appropriate action(s) when a resident in your nursing home has a suspected infection?

☐ Very confident
☐ Confident
☐ Not very confident
☐ Not at all confident

8. Please indicate which, if any, of the following have you experienced in residents in your nursing home who have had a suspected infection? (Please tick all that apply and indicate their frequency).

	Frequently (daily)	Regularly (weekly)	Often (monthly)	Less often (2-3 monthly)	Occasionally (4-5 monthly)	Infrequently (6 monthly or less)	Never
a. Rapid and/or unexpected deterioration in condition							
b. Delayed diagnosis							
c. Delay in receiving appropriate care/treatment							
d. Unplanned hospital admission							
e. Resident dies unexpectedly							
f. Other (please specify below)							

_____

9. Does your nursing home have any formal guidance/instructions regarding the management of residents who have a suspected infection?

☐ Yes
☐ No

If yes, please provide details in the space below

_____

10. How confident are you that appropriate action is taken when a resident in your nursing home has a suspected infection?

- ☐ Very confident
- ☐ Confident
- ☐ Not very confident
- ☐ Not at all confident

11. Please indicate, from the following list, any challenges you experience when you suspect a resident may have an infection. Please tick all that apply.

	Tick all that apply
a. Lack of information about the problem	
b. Lack of familiarity with resident	
c. Lack of instructions about what to do next	
d. Lack of physical measurements	
e. Lack of response from medical colleagues	
f. Lack of continuity of care	
g. Level of clinical experience	
h. Inadequate training	
i. Inadequate level of staff (i.e. number/experience)	
j. Lack of resources (e.g. dipsticks for urinalysis)	
k. Lack of cooperation from resident	
l. Other (please specify below)	

From the list of challenges you have indicated above, which do you feel are the most important?

_____

12. Please indicate, from the following list, what you believe could help improve the care of residents who have a suspected infection.

	Tick all that apply
a. Improved instructions about what to do next	
b. Improved instructions about which physical measurements should be taken	
c. Improved instructions about when physical measurements should be taken	
d. Increased level of support from colleagues	
e. Improved clinical knowledge	
f. Increased availability of training	
g. Improved patterns of working	
h. Improved continuity of care	
i. Adequate level of staff (i.e. number/experience)	
j. Increased resources (e.g. dipsticks for urinalysis)	
k. Improved communication with resident	
l. Other (please specify below)	

From the list you have indicated above, which do you feel are the most important?

_____

Section 3: Education and training.

The purpose of this section to consider the educational and training preparation you have undertaken to help you care for residents who have a suspected infection

13. Have you received education/training to help you care for residents who have a suspected infection?

☐ Yes (If **YES** please go to **Question 14**)
☐ No (If **NO** please go to **Question 16**)

14. Please indicate which, if any, of the following types of education or training you have undertaken to help you care for residents with suspected infection. (Please tick all that apply)

☐ Certificate level NVQ or QCF – Level 3 or 4
☐ Diploma level NVQ or QCF – Level 5
☐ Degree level or higher
☐ Experiential learning / in-house or local training
☐ Self-directed study
☐ Informal supervision
☐ Study days (accredited or otherwise)
☐ Other (please specify in the space below)

_____

15. How useful was the education or training you received in preparing you to care for residents who have a suspected infection?

☐ Very useful
☐ Somewhat useful
☐ Not very useful
☐ Not at all useful

16. When did you last receive education or training on caring for residents with a suspected infection?

☐ Less than 6 months ago
☐ 6-11 months
☐ 1-2 years
☐ More than 2 years

17. Do you have any unmet education or training needs with respect to caring for residents who have a suspected infection?

☐ Yes
☐ No

If **YES** please provide details about your unmet training needs in the space below

_____

Section 4: Knowledge and awareness of decision-support tools/checklists

18. Are you aware of decision-support tools/checklists that are used in practice to help assess patients? (E.g. pain, nutrition, falls, pressure sores, oral health)

☐ Yes
☐ No

19. Do you use any decision-support tools/checklists in your nursing home?

☐ Yes (If **YES** please go to **Question 20**)
☐ No (If **NO** please go to **Question 22**)

20. Please indicate the areas of care where decision-support tools/checklists are used to assess residents in your nursing home? (Please indicate all that apply)

☐ Pain
☐ Nutrition
☐ Falls
☐ Pressure sores
☐ Oral health
☐ Other (please specify in the space below)

_____

21. How useful do you find these types of decision-support tools/checklists?

☐ Very useful
☐ Somewhat useful
☐ Not very useful
☐ Not at all useful

22. Are you aware of any decision-support tools/checklists to help identify infection?

- ☐ Yes
- ☐ No

If YES please specify the decision-support tools/checklists you are aware of use in the space below:

_____

23. If NO, how useful do you think a decision-support tools/checklist to help identify suspected infections in nursing home residents would be?

- ☐ Very useful
- ☐ Somewhat useful
- ☐ Not very useful
- ☐ Not at all useful

Section 5: General information

The purpose of this section to collect general information on your job role.

24. What is your job title? (Please indicate in the space below)

_____

25. How many hours on average do you work per week? (Please indicate in the space below)

_____

26. How many years have you worked with in your current nursing home?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21 or more years

27. How many years have you worked with elderly residents in the nursing home setting?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21 or more years

28. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Rather not say

29. What is your age? (Please indicate in the space below)

_____

End of Questionnaire

Thank you for completing this questionnaire, your help with this study is very much appreciated.

If you have any comments to make about management of suspected infections please write these below:

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Please indicate if you would like to receive a summary of the overall results of this survey

Yes ☐ No ☐

If yes, please provide your contact details in the space provided.

This information will be kept separately from the answers to the survey that you provided above and will be processed in the strictest confidence in line with the EU General Data Protection Regulation (2018)

Name: _____

Address: _____

Address: _____

City: _____

County: _____

Postal code: _____

Email: _____